

AO 19-10926-tmd Doc#137 Filed 10/23/19 Entered 10/23/19 15:21:40 Main Document Pg 1 of 1 (Rev. 04/18) ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS					FOR COURT USE ONLY	
TRANSCRIPT ORDER					DUE DATE:	
Please Read Instructions:						
1. NAME Shelby Jordan			2. PHONE NUMBER 361.884.5678		3. DATE 10/23/2019	
4. DELIVERY ADDRESS OR EMAIL cmadden@jhwclaw.com			5. CITY Corpus Christi		6. STATE TX	7. ZIP CODE 78401
8. CASE NUMBER 19-10926		9. JUDGE Davis		DATES OF PROCEEDINGS		
				10. FROM 10/23/2019		11. TO 10/23/2019
12. CASE NAME Orly Genger				LOCATION OF PROCEEDINGS		
				13. CITY Austin		14. STATE TX
15. ORDER FOR						
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input checked="" type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING				Full hearing		10/23/2019
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0
18. SIGNATURE /s/ Shelby A. Jordan				PROCESSED BY Blayne Turner		
19. DATE 10/23/2019				PHONE NUMBER 512-916-5237		
TRANSCRIPT TO BE PREPARED BY Exceptional Reporting				COURT ADDRESS 903 San Jacinto Blvd Ste. 322 Austin TX 78701		
ORDER RECEIVED	DATE	BY				
DEPOSIT PAID			DEPOSIT PAID			
TRANSCRIPT ORDERED			TOTAL CHARGES		0	
TRANSCRIPT RECEIVED			LESS DEPOSIT		0	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		0	

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY